

HEALTH DATA AUTHORITY AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Rosemary T. Lesser

Senate Sponsor: Michael S. Kennedy

LONG TITLE**Committee Note:**

The Health and Human Services Interim Committee recommended this bill.

Legislative Vote: 12 voting for 2 voting against 5 absent

General Description:

This bill modifies provisions related to the Department of Health and Human Services' health data authority.

Highlighted Provisions:

This bill:

- ▶ modifies the membership of the Health Data Committee;
- ▶ authorizes the executive director of the Department of Health and Human Services to appoint members to the Health Data Committee;
- ▶ repeals the sunset date related to the Department of Health and Human Services' health data authority; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

This bill provides a special effective date.

Utah Code Sections Affected:

AMENDS:



28 **26B-1-413**, as renumbered and amended by Laws of Utah 2023, Chapter 305
29 **63I-1-226 (Superseded 07/01/24)**, as last amended by Laws of Utah 2023, Chapters
30 249, 269, 270, 275, 332, 335, 420, and 495 and repealed and reenacted by Laws of
31 Utah 2023, Chapter 329
32 **63I-1-226 (Effective 07/01/24)**, as last amended by Laws of Utah 2023, Chapters 249,
33 269, 270, 275, 310, 332, 335, 420, and 495 and repealed and reenacted by Laws of
34 Utah 2023, Chapter 329 and last amended by Coordination Clause, Laws of Utah
35 2023, Chapters 329, 332

37 *Be it enacted by the Legislature of the state of Utah:*

38 Section 1. Section **26B-1-413** is amended to read:

39 **26B-1-413. Health Data Committee -- Purpose, powers, and duties of the**
40 **committee -- Membership -- Terms -- Chair -- Compensation.**

41 (1) The definitions in Section **26B-8-501** apply to this section.

42 (2) (a) There is created within the department the Health Data Committee.

43 (b) The purpose of the committee is to direct a statewide effort to collect, analyze, and
44 distribute health care data to facilitate the promotion and accessibility of quality and
45 cost-effective health care and also to facilitate interaction among those with concern for health
46 care issues.

47 (3) The committee shall:

48 (a) with the concurrence of the department and in accordance with Title 63G, Chapter
49 3, Utah Administrative Rulemaking Act, develop and adopt by rule, following public hearing
50 and comment, a health data plan that shall among its elements:

51 (i) identify the key health care issues, questions, and problems amenable to resolution
52 or improvement through better data, more extensive or careful analysis, or improved
53 dissemination of health data;

54 (ii) document existing health data activities in the state to collect, organize, or make
55 available types of data pertinent to the needs identified in Subsection (3)(a)(i);

56 (iii) describe and prioritize the actions suitable for the committee to take in response to
57 the needs identified in Subsection (3)(a)(i) in order to obtain or to facilitate the obtaining of
58 needed data, and to encourage improvements in existing data collection, interpretation, and

reporting activities, and indicate how those actions relate to the activities identified under Subsection (3)(a)(ii);

(iv) detail the types of data needed for the committee's work, the intended data suppliers, and the form in which such data are to be supplied, noting the consideration given to the potential alternative sources and forms of such data and to the estimated cost to the individual suppliers as well as to the department of acquiring these data in the proposed manner; the plan shall reasonably demonstrate that the committee has attempted to maximize cost-effectiveness in the data acquisition approaches selected;

(v) describe the types and methods of validation to be performed to assure data validity and reliability;

(vi) explain the intended uses of and expected benefits to be derived from the data specified in Subsection (3)(a)(iv), including the contemplated tabulation formats and analysis methods; the benefits described shall demonstrably relate to one or more of the following:

(A) promoting quality health care;

(B) managing health care costs; or

(C) improving access to health care services;

(vii) describe the expected processes for interpretation and analysis of the data flowing to the committee; noting specifically the types of expertise and participation to be sought in those processes; and

(viii) describe the types of reports to be made available by the committee and the intended audiences and uses;

(b) have the authority to collect, validate, analyze, and present health data in accordance with the plan while protecting individual privacy through the use of a control number as the health data identifier;

(c) evaluate existing identification coding methods and, if necessary, require by rule adopted in accordance with Subsection (4), that health data suppliers use a uniform system for identification of patients, health care facilities, and health care providers on health data they submit under this section and Chapter 8, Part 5, Utah Health Data Authority; and

(d) advise, consult, contract, and cooperate with any corporation, association, or other entity for the collection, analysis, processing, or reporting of health data identified by control number only in accordance with the plan.

(4) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, ~~[the committee, with the concurrence of the department, may]~~ with the concurrence of the department, the committee may adopt rules to carry out the provisions of this section and Chapter 8, Part 5, Utah Health Data Authority.

(5) (a) Except for data collection, analysis, and validation functions described in this section, nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority, shall be construed to authorize or permit the committee to perform regulatory functions which are delegated by law to other agencies of the state or federal governments or to perform quality assurance or medical record audit functions that health care facilities, health care providers, or third party payors are required to conduct to comply with federal or state law.

(b) The committee may not recommend or determine whether a health care provider, health care facility, third party payor, or self-funded employer is in compliance with federal or state laws including federal or state licensure, insurance, reimbursement, tax, malpractice, or quality assurance statutes or common law.

(6) ~~(a)~~ Nothing in this section or in Chapter 8, Part 5, Utah Health Data Authority, shall be construed to require a data supplier to supply health data identifying a patient by name or describing detail on a patient beyond that needed to achieve the approved purposes included in the plan.

(7) No request for health data shall be made of health care providers and other data suppliers until a plan for the use of such health data has been adopted.

(8) (a) If a proposed request for health data imposes unreasonable costs on a data supplier, due consideration shall be given by the committee to altering the request.

(b) If the request is not altered, the committee shall pay the costs incurred by the data supplier associated with satisfying the request that are demonstrated by the data supplier to be unreasonable.

(9) After a plan is adopted as provided in Section [26B-8-504](#), the committee may require any data supplier to submit fee schedules, maximum allowable costs, area prevailing costs, terms of contracts, discounts, fixed reimbursement arrangements, capitations, or other specific arrangements for reimbursement to a health care provider.

(10) (a) The committee may not publish any health data collected under Subsection (9) that would disclose specific terms of contracts, discounts, or fixed reimbursement

arrangements, or other specific reimbursement arrangements between an individual provider and a specific payer.

(b) Nothing in Subsection (9) shall prevent the committee from requiring the submission of health data on the reimbursements actually made to health care providers from any source of payment, including consumers.

(11) The committee shall be composed of ~~[15]~~ 18 members.

(12) (a) ~~[One]~~ Four member shall be:

(i) the commissioner of the Utah Insurance Department~~;~~ ~~or (ii)]~~ or the commissioner's designee who shall have knowledge regarding the health care system and characteristics and use of health data.

(ii) two legislators from different political parties jointly appointed by the speaker of the House of Representatives and the president of the Senate; and

(iii) a member appointed by the governor who is knowledgeable regarding the health care system and the characteristics and use of health data.

(b) (i) Fourteen members shall be appointed by the ~~[governor with the advice and consent of the Senate]~~ executive director in accordance with Subsection (13) ~~[and in accordance with Title 63G, Chapter 24, Part 2, Vacancies].~~

(ii) No more than seven members of the committee appointed by the ~~[governor]~~ executive director may be members of the same political party.

(13) The members of the committee appointed under Subsection (12)(b) shall:

(a) be knowledgeable regarding the health care system and the characteristics and use of health data;

(b) be selected so that the committee at all times includes individuals who provide care;

(c) include one person employed by or otherwise associated with a general acute hospital as defined in Section 26B-2-201, who is knowledgeable about the collection, analysis, and use of health care data;

(d) include two physicians, as defined in Section 58-67-102:

(i) who are licensed to practice in this state;

(ii) who actively practice medicine in this state;

(iii) who are trained in or have experience with the collection, analysis, and use of

health care data; and

(iv) one of whom is selected by the Utah Medical Association;

(e) include three persons:

(i) who are:

(A) employed by or otherwise associated with a business that supplies health care insurance to the business's employees; and

(B) knowledgeable about the collection and use of health care data; and

(ii) at least one of whom represents an employer employing 50 or fewer employees;

(f) include three persons representing health insurers:

(i) at least one of whom is employed by or associated with a third-party payor that is not licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans;

(ii) at least one of whom is employed by or associated with a third party that is licensed under Title 31A, Chapter 8, Health Maintenance Organizations and Limited Health Plans; and

(iii) who are trained in, or experienced with the collection, analysis, and use of health care data;

(g) include two consumer representatives:

(i) from organized consumer or employee associations; and

(ii) knowledgeable about the collection and use of health care data;

(h) include one person:

(i) representative of a neutral, non-biased entity that can demonstrate that the entity has the broad support of health care payers and health care providers; and

(ii) who is knowledgeable about the collection, analysis, and use of health care data;

and

(i) include two persons representing public health who are trained in or experienced with the collection, use, and analysis of health care data.

(14) (a) Except as required by Subsection (14)(b), as terms of current committee members expire, the ~~[governor]~~ executive director shall appoint each new member or reappointed member to a four-year term.

(b) Notwithstanding the requirements of Subsection (14)(a), the ~~[governor]~~ executive director shall, at the time of appointment or reappointment, adjust the length of terms to ensure

that the terms of committee members are staggered so that approximately half of the committee is appointed every two years.

(c) Members may serve after the members' terms expire until replaced.

(15) When a vacancy occurs in the membership for any reason, the replacement shall be appointed for the unexpired term.

(16) Committee members shall annually elect a chair of the committee from among the committee's membership. The chair shall report to the executive director.

(17) (a) The committee shall meet at least once during each calendar quarter. Meeting dates shall be set by the chair upon 10 working days' notice to the other members, or upon written request by at least four committee members with at least 10 working days' notice to other committee members.

(b) ~~[Eight]~~ Ten committee members constitute a quorum for the transaction of business. Action may not be taken except upon the affirmative vote of a majority of a quorum of the committee.

(c) All meetings of the committee shall be open to the public, except that the committee may hold a closed meeting if the requirements of Sections 52-4-204, 52-4-205, and 52-4-206 are met.

(18) A member:

(a) may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

(i) Section 63A-3-106;

(ii) Section 63A-3-107; and

(iii) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107; and

(b) shall comply with the conflict of interest provisions described in Title 63G, Chapter 24, Part 3, Conflicts of Interest.

Section 2. Section **63I-1-226 (Superseded 07/01/24)** is amended to read:

63I-1-226 (Superseded 07/01/24). Repeal dates: Titles 26A through 26B.

(1) Subsection 26B-1-204(2)(i), related to the Primary Care Grant Committee, is repealed July 1, 2025.

(2) Section 26B-1-315, which creates the Medicaid Expansion Fund, is repealed July 1,

214 2024.

215 (3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed
216 January 1, 2025.

217 (4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is
218 repealed January 1, 2025.

219 (5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis
220 Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.

221 (6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response
222 Commission, is repealed December 31, 2026.

223 (7) Section 26B-1-402, related to the Rare Disease Advisory Council Grant Program, is
224 repealed July 1, 2026.

225 (8) Section 26B-1-409, which creates the Utah Digital Health Service Commission, is
226 repealed July 1, 2025.

227 (9) Section 26B-1-410, which creates the Primary Care Grant Committee, is repealed
228 July 1, 2025.

229 (10) Section 26B-1-416, which creates the Utah Children's Health Insurance Program
230 Advisory Council, is repealed July 1, 2025.

231 (11) Section 26B-1-417, which creates the Brain Injury Advisory Committee, is
232 repealed July 1, 2025.

233 (12) Section 26B-1-418, which creates the Neuro-Rehabilitation Fund and Pediatric
234 Neuro-Rehabilitation Fund Advisory Committee, is repealed January 1, 2025.

235 (13) Section 26B-1-422, which creates the Early Childhood Utah Advisory Council, is
236 repealed July 1, 2029.

237 (14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and
238 Other Drug Prevention Program, is repealed July 1, 2025.

239 (15) Section 26B-1-430, which creates the Coordinating Council for Persons with
240 Disabilities, is repealed July 1, 2027.

241 (16) Section 26B-1-431, which creates the Forensic Mental Health Coordinating
242 Council, is repealed July 1, 2023.

243 (17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is
244 repealed July 1, 2026.

(18) Section 26B-1-434, regarding the Correctional Postnatal and Early Childhood Advisory Board, is repealed July 1, 2026.

(19) Section 26B-2-407, related to drinking water quality in child care centers, is repealed July 1, 2027.

(20) Subsection 26B-3-107(9), which addresses reimbursement for dental hygienists, is repealed July 1, 2028.

(21) Section 26B-3-136, which creates the Children's Health Care Coverage Program, is repealed July 1, 2025.

(22) Section 26B-3-137, related to reimbursement for the National Diabetes Prevention Program, is repealed June 30, 2027.

(23) Subsection 26B-3-213(2), the language that states "and the Behavioral Health Crisis Response Commission created in Section 63C-18-202" is repealed December 31, 2026.

(24) Sections 26B-3-302 through 26B-3-309, regarding the Drug Utilization Review Board, are repealed July 1, 2027.

(25) Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment, is repealed July 1, 2024.

(26) Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment, is repealed July 1, 2024.

(27) Title 26B, Chapter 3, Part 7, Hospital Provider Assessment, is repealed July 1, 2028.

(28) Section 26B-3-910, regarding alternative eligibility, is repealed July 1, 2028.

(29) Section 26B-4-136, related to the Volunteer Emergency Medical Service Personnel Health Insurance Program, is repealed July 1, 2027.

(30) Section 26B-4-710, related to rural residency training programs, is repealed July 1, 2025.

(31) Subsections 26B-5-112(1) and (5), the language that states "In consultation with the Behavioral Health Crisis Response Commission, established in Section 63C-18-202," is repealed December 31, 2026.

(32) Section 26B-5-112.5 is repealed December 31, 2026.

(33) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant Program, is repealed December 31, 2026.

(34) Section 26B-5-118, related to collaborative care grant programs, is repealed December 31, 2024.

(35) Section 26B-5-120 is repealed December 31, 2026.

(36) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

(a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and

(b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are repealed.

(37) In relation to the Behavioral Health Crisis Response Commission, on December 31, 2026:

(a) Subsection 26B-5-609(1)(a) is repealed;

(b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from the commission," is repealed;

(c) Subsection 26B-5-610(1)(b) is repealed;

(d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the commission," is repealed; and

(e) Subsection 26B-5-610(4), the language that states "In consultation with the commission," is repealed.

(38) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and Mental Health Advisory Council, are repealed January 1, 2033.

(39) Section 26B-5-612, related to integrated behavioral health care grant programs, is repealed December 31, 2025.

(40) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

(41) Section 26B-7-224, related to reports to the Legislature on violent incidents and fatalities involving substance abuse, is repealed December 31, 2027.

~~[(42) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.]~~

~~[(43)]~~ (42) Section 26B-8-513, related to identifying overuse of non-evidence-based health care, is repealed December 31, 2023.

Section 3. Section 63I-1-226 (Effective 07/01/24) is amended to read:

63I-1-226 (Effective 07/01/24). Repeal dates: Titles 26A through 26B.

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(3) Section 26B-1-319, which creates the Neuro-Rehabilitation Fund, is repealed January 1, 2025.

(4) Section 26B-1-320, which creates the Pediatric Neuro-Rehabilitation Fund, is repealed January 1, 2025.

(5) Subsection 26B-1-324(4), the language that states "the Behavioral Health Crisis Response Commission, as defined in Section 63C-18-202," is repealed December 31, 2026.

(6) Subsection 26B-1-329(6), related to the Behavioral Health Crisis Response Commission, is repealed December 31, 2026.

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(14) Section 26B-1-428, which creates the Youth Electronic Cigarette, Marijuana, and Other Drug Prevention Program, is repealed July 1, 2025.

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339 (17) Section 26B-1-432, which creates the Newborn Hearing Screening Committee, is
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342 Advisory Board, is repealed July 1, 2026.

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364 (30) Subsections 26B-5-112(1) and (5), the language that states "In consultation with
365 the Behavioral Health Crisis Response Commission, established in Section 63C-18-202," is
366 repealed December 31, 2026.

367 (31) Section 26B-5-112.5 is repealed December 31, 2026.

368 (32) Section 26B-5-114, related to the Behavioral Health Receiving Center Grant

Program, is repealed December 31, 2026.

(33) Section 26B-5-118, related to collaborative care grant programs, is repealed December 31, 2024.

(34) Section 26B-5-120 is repealed December 31, 2026.

(35) In relation to the Utah Assertive Community Treatment Act, on July 1, 2024:

(a) Subsection 26B-5-606(2)(a)(i), the language that states "and" is repealed; and

(b) Subsections 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c) are repealed.

(36) In relation to the Behavioral Health Crisis Response Commission, on December 31, 2026:

(a) Subsection 26B-5-609(1)(a) is repealed;

(b) Subsection 26B-5-609(3)(a), the language that states "With recommendations from the commission," is repealed;

(c) Subsection 26B-5-610(1)(b) is repealed;

(d) Subsection 26B-5-610(2)(b), the language that states "and in consultation with the commission," is repealed; and

(e) Subsection 26B-5-610(4), the language that states "In consultation with the commission," is repealed.

(37) Subsections 26B-5-611(1)(a) and (10), in relation to the Utah Substance Use and Mental Health Advisory Council, are repealed January 1, 2033.

(38) Section 26B-5-612, related to integrated behavioral health care grant programs, is repealed December 31, 2025.

(39) Subsection 26B-7-119(5), related to reports to the Legislature on the outcomes of the Hepatitis C Outreach Pilot Program, is repealed July 1, 2028.

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~~[(41) Title 26B, Chapter 8, Part 5, Utah Health Data Authority, is repealed July 1, 2024.]~~

~~[(42)]~~ (41) Section 26B-8-513, related to identifying overuse of non-evidence-based health care, is repealed December 31, 2023.

Section 4. **Effective date.**

400 (1) Except as provided in Subsection (2), this bill takes effect on May 1, 2024.
401 (2) The actions affecting Section [63I-1-226](#) (Effective 07/01/24) take effect on July 1,
402 2024.